

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	45	11/1/01
FORMALITY REVIEW	<i>[Signature]</i>	942	6/2/01
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	50906	6/2/01

## INDEX OF CLAIMS

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
— (Through numeral)...	Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
51	51	51	8/16/72
52	52	52	11/14/74
53	53	53	2/5/75
54	54	54	2/23/74
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Claim	Final	Original	Date
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**BEST AVAILABLE COPY**

**If more than 150 claims or 10 actions  
staple additional sheet here**

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